# FLORIDA DEPARTMENT OF HEALTH IN ST. LUCIE

### **Dental Service Fees**

Code	Description	CHD Fees
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$45
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$24
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CARE	\$48
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$48
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$95
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	\$95
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	\$12
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	\$9
D0240	INTRAORAL-0CCLUSAL FILM	\$24
D0250	EXTRAORAL-FIRST FILM	\$71
D0260	EXTRAORAL-EACH ADDITIONAL FILM	\$39
D0270	BITEWING-SINGLE FILM	\$18
D0272	BITEWINGS-TWO FILMS	\$27
D0274	BITEWINGS-FOUR FILMS	\$33
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY FILM	\$95
D0330	PANORAMIC FILM	\$89
D0340	CEPHALOMETRIC FILM	\$95
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	\$21
D0470	DIAGNOSTIC CASTS	\$65
D1110	PROPHYLAXIS-(AGE 12 - 20 )	\$54
D1120	PROPHYLAXIS-CHILD	\$42
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARI	\$33
D1208	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED)-CHILD	\$33
D1330	ORAL HYGIENE INSTRUCTION	\$18
D1351	SEALANT-PER TOOTH	\$39
D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$214
D1515	SPACE MAINTAINER-FIXED BILATERAL	\$348
D1550	RECEMENTATION OF SPACE MAINTAINER	\$51
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$92
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$122
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$152
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$181
D2330	RESIN-ONE SURFACE, ANTERIOR	\$101
D2331	RESIN-TWO SURFACES, ANTERIOR	\$116
D2332	RESIN-THREE SURFACES, ANTERIOR	\$131
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$214
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$214
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$92
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$122
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$152
D2394	RESIN-BASED COMPOSITE - FOUR SURFACES, POSTERIOR	\$180
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$229
D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	\$253
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$678
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$678

#### Effective: January 2015

# FLORIDA DEPARTMENT OF HEALTH IN ST. LUCIE

### **Dental Service Fees**

	Code	Description	CHD Fees
D2951         PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH         \$202           D2932         PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW         \$202           D2940         SEDATUE FILLING         \$54           D2950         CORE BUILD-UP, INCLIDING ANY PINS         \$193           D2951         PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION         \$6           D2954         PREFABRICATED POST AND CORE IN ADDITION TO CROWN         \$1186           D3110         PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)         \$39           D3120         PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)         \$33           D3221         PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)         \$33           D3222         PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH         \$99           D3223         PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINA         \$223           D3240         PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FIN         \$253           D3320         BICUSPID (EXCLUDING FINAL RESTORATION)         \$565           D33320         BICUSPID (EXCLUDING FINAL RESTORATION)         \$569           D33320         BICUSPID (EXCLUDING FINAL RESTORATION)         \$560           D33321         TREATMENT OF ROOT CANAL OBSTRUCTION NON-SURGICAL ACCESS         <	D2920	RECEMENT CROWN	\$51
D2932         PREFABRICATED RESIN CROWN         \$202           D2933         PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW         \$253           D2940         SEDATIVE FILLING         \$54           D2950         CORE BUILD-UP, INCLUDING ANY PINS         \$1933           D2951         PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION         \$6           D2954         PREFABRICATED POST AND CORE IN ADDITION TO CROWN         \$158           D3110         PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)         \$33           D3220         THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)         \$33           D3221         PULP AL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH         \$89           D3232         PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINA         \$223           D3330         ADATEM, (EXCLUDING FINAL RESTORATION)         \$440           D3320         BICUSPID (EXCLUDING FINAL RESTORATION)         \$565           D3331         ANTERIOR (EXCLUDING FINAL RESTORATION)         \$565           D3331         MARCHARDAY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINA         \$223           D3330         MICUSPID (EXCLUDING FINAL RESTORATION)         \$565           D3331         ANTERIOR (EXCLUDING FINAL RESTORATION)         \$565           D3331 <td>D2930</td> <td>PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH</td> <td>\$202</td>	D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$202
D2933         PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW         \$253           D2940         SEDATIVE FILING         \$54           D2950         CORE BUILD-UP, INCLUDING ANY PINS         \$193           D2961         PIN RETENTION PER TOOTH, IN ADDITION TO RESTORATION         \$6           D2954         PREFABRICATED POST AND CORE IN ADDITION TO CROWN         \$158           D3110         PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)         \$39           D3120         PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)         \$39           D3221         PULPAL DEBRIDEMENT, FRIMARY AND PERMANENT TEETH         \$99           D3230         PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINA         \$223           D3240         PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINA         \$253           D3310         ANTERIOR (EXCLUDING FINAL RESTORATION)         \$404           D3320         BICLISPID (EXCLUDING FINAL RESTORATION)         \$565           D3331         TREATMENT OF ROOT CANAL OBSTRUCTIONNON-SURGICAL ACCESS         \$149           D3332         BICLISPID (EXCLUDING FINAL RESTORATION)         \$699           D3333         MOLAR (EXCLUDING FINAL RESTORATION)         \$699           D3331         TREATMENT OF ROOT CANAL OBSTRUCTIONNON-SURGICAL ACCESS         \$149	D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$202
D2940         SEDATIVE FILLING         \$54           D2950         CORE BUILD-UP, INCLUDING ANY PINS         \$193           D2951         PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION         \$6           D2954         PREFABRICATED POST AND CORE IN ADDITION TO CROWN         \$158           D3110         PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)         \$39           D3120         PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)         \$33           D3220         THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)         \$33           D3221         PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH         \$89           D3220         PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR PRIMARY TOOTH (EXCLUDING FINA         \$223           D3230         PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINA         \$253           D3310         ANTERIOR (EXCLUDING FINAL RESTORATION)         \$440           D3320         PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINA         \$253           D3331         ANTERIOR (EXCLUDING FINAL RESTORATION)         \$440           D3320         BICUSPIO (EXCLUDING FINAL RESTORATION)         \$669           D3331         TREATMENT OF ROOT CANAL OBSTRUCTION NON-SURGICAL ACCESS         \$149           D3333         INTERNAL ROOT REPAIR OF PERFORATION DEFECTS<	D2932	PREFABRICATED RESIN CROWN	\$202
D2950         CORE BUILD-UP, INCLUDING ANY PINS         \$193           D2951         PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION         \$6           D2954         PREFABRICATED POST AND CORE IN ADDITION TO CROWN         \$155           D3110         PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)         \$39           D3120         PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)         \$33           D3220         THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)         \$34           D3221         PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH         \$89           D3230         PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINA         \$223           D3240         PULPAL THERAPY (RESORBABLE FILLING)-OSTERIOR, PRIMARY TOOTH (EXCLUDING FINA         \$253           D3330         ANTERIOR (EXCLUDING FINAL RESTORATION)         \$440           D3330         BICUSPID (EXCLUDING FINAL RESTORATION)         \$669           D3331         TREATMENT OF ROOT CANAL OBSTRUCTION/NON-SURGICAL ACCESS         \$149           D3332         APEXIFICATION/RECALCIFICATION-INITERIM MEDICATION REPLACEM ENT (APICAL CLOSU         \$166           D3333         APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEM ENT (APICAL CLOSU         \$166           D3333         APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL TH         \$333	D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$253
D2951         PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION         \$6           D2954         PREFABRICATED POST AND CORE IN ADDITION TO CROWN         \$158           D3110         PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)         \$39           D3120         PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)         \$33           D3220         THERAPPUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL         \$149           D3221         PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH         \$89           D3230         PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINA         \$223           D3240         PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINA         \$253           D3310         ANTERIOR (EXCLUDING FINAL RESTORATION)         \$440           D3330         BICUSPID (EXCLUDING FINAL RESTORATION)         \$669           D3331         TREATMENT OF ROOT CANAL OBSTRUCTION.NON-SURGICAL ACCESS         \$149           D3331         INTERNAL ROOT REPAIR OF PERFORATION DETECTS         \$92           D3332         APEXIFICATIONRECALCIFICATION.HITERIM MEDICATION REPLACEM ENT (APICAL CLOSU         \$166           D3351         APEXIFICATIONRECALCIFICATION.FITERIM MEDICATION REPLACEM ENT (APICAL CLOSU         \$166           D3352         APEXIFICATIONRECALCIFICATION.FITERIM MEDICATION REPLACEM ENT (APICAL CLO	D2940	SEDATIVE FILLING	\$54
D2954         PREFABRICATED POST AND CORE IN ADDITION TO CROWN         \$158           D3110         PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)         \$39           D3120         PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)         \$33           D3220         THERAPEUTIC PULP OTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL         \$149           D3221         PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH         \$89           D3220         PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINA         \$223           D3240         PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINA         \$253           D3310         ANTERIOR (EXCLUDING FINAL RESTORATION)         \$440           D3320         BICUSPIO (EXCLUDING FINAL RESTORATION)         \$669           D3331         TREATMENT OF ROOT CANAL OBSTRUCTION-NON-SURGICAL ACCESS         \$149           D3331         TREATMENT OF ROOT CANAL OBSTRUCTION-DEFECTS         \$92           D3332         APEXIFICATION-RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR         \$250           D3333         APEXIFICATION-RECALCIFICATION-INTERIM MEDICATION REPLACEM ENT (APICAL CLOSU         \$166           D3333         APEXIFICATION-RECALCIFICATION-INTERIM MEDICATION REPLACEM ENT (APICAL CLOSU         \$136           D3352         APEXIFICATION-RECALCIFICATION-INTERIM MEDICA	D2950	CORE BUILD-UP, INCLUDING ANY PINS	\$193
D3110         PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)         \$39           D3120         PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)         \$33           D3220         THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL         \$149           D3221         PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH         \$99           D3230         PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINA         \$223           D3240         PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINA         \$253           D3310         ANTERIOR (EXCLUDING FINAL RESTORATION)         \$440           D3320         BICUSPID (EXCLUDING FINAL RESTORATION)         \$669           D3331         ARTERIOR (EXCLUDING FINAL RESTORATION)         \$699           D3331         TREATMENT OF ROOT CANAL OBSTRUCTION-NON-SURGICAL ACCESS         \$149           D3332         INTERNAL ROOT REPAIR OP PERFORATION DEFECTS         \$92           D3333         APEXIFICATION-RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSU         \$166           D3334         APEXIFICATION-RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL TH         \$333           D3410         APEXIFICATIONY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE         \$124           D4211         GINGIVAL FLAP PROCEDURE, INCLUDING FOOT PLANING-ONE T	D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	\$6
D3120 PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)  \$33  D3220 THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL  \$149  D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERNAMENT TEETH  \$89  D3230 PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINA  \$223  D3240 PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINA  \$253  D3310 ANTERIOR (EXCLUDING FINAL RESTORATION)  \$565  D3330 MOLAR (EXCLUDING FINAL RESTORATION)  \$699  D3331 TREATMENT OF ROOT CANAL OBSTRUCTION, NON-SURGICAL ACCESS  \$149  D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS  \$92  D3351 APEXIFICATION, PECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR  \$250  D3352 APEXIFICATION, RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR  D3400 APICOCCTOMY/PERIRADICULAR SURGERY-ANTERIOR  D3410 APICOCCTOMY/PERIRADICULAR SURGERY-ANTERIOR  D4210 GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE  \$342  D4241 GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE  \$134  D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH BY REPORT  D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH BY REPORT  D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU STEETH  BY Report  D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU STEETH  BY Report  D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU STEETH  BY REPORT  D4355 FULL MOUTH DEBRIDMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS  5155  D4910 PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT  \$30  D4356 FULL MOUTH DEBRIDMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS  5155  D4910 PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT  \$30  D4355 FULL MOUTH DEBRIDMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS  5155  D4910 PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, P	D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$158
D3220 THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL  \$149  D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH  \$89  D3230 PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINA  \$223  D3240 PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINA  \$253  D3340 ANTERIOR (EXCLUDING FINAL RESTORATION)  \$440  D3320 BICUSPID (EXCLUDING FINAL RESTORATION)  \$5655  D3330 MOLAR (EXCLUDING FINAL RESTORATION)  \$699  D3331 TREATMENT OF ROOT CANAL OBSTRUCTION-NON-SURGICAL ACCESS  \$149  D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS  \$92  D3351 APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR  \$250  D3352 APEXIFICATION/RECALCIFICATION-INITIAL VISIT (INCLUDES COMPLETED ROOT CANAL TH  \$333  D3410 APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR  \$223  D3430 RETROGRADE FILLING-PER ROOT  \$74  D4210 GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE  \$314  D4240 GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE  \$134  D4241 GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE  \$314  D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH  BY Report  D4241 GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH  BY Report  D4240 OSSEOUS SURGERY (INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH  BY Report  D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH  BY Report  D4242 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH  BY Report  D4343 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH  BY Report  D4344 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH  BY Report  D4345 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH  BY REPORT  D4344 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT  \$300  D4355 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS  \$1555  D41010 COMPLETE DE	D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$39
D3221 PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH  \$89 D3230 PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINA \$223 D3240 PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINA \$253 D3310 ANTERIOR (EXCLUDING FINAL RESTORATION) \$440 D3320 BICUSPID (EXCLUDING FINAL RESTORATION) \$565 D3330 MOLAR (EXCLUDING FINAL RESTORATION) \$6699 D3331 TREATMENT OF ROOT CANAL OBSTRUCTION:NON-SURGICAL ACCESS \$149 D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS \$92 D3335 APEXIFICATION:RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR \$250 D3352 APEXIFICATION:RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSU \$166 D3353 APEXIFICATION:RECALCIFICATION-INITIAL VISIT (INCLUDES COMPLETED ROOT CANAL TH \$333 D3410 APICOECTOMY/PERRADICULAR SURGERY-ANTERIOR \$223 D3430 RETROGRADE FILLING-PER ROOT \$74 D4210 GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE \$312 D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH BY Report D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH BY Report D4240 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH BY Report D4241 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH BY Report D4242 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH BY Report D4243 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH BY REPORT D4355 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS  1550 D4361 COMPLETE DENTURE - MANILLARY  \$922 D5120 COMPLETE DENTURE - MANILLARY  \$922 D5121 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET \$490 D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET	D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	\$33
D3230 PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINA \$223 D3240 PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINA \$253 D3310 ANTERIOR (EXCLUDING FINAL RESTORATION) \$440 D3320 BICUSPID (EXCLUDING FINAL RESTORATION) \$565 D3330 MOLAR (EXCLUDING FINAL RESTORATION) \$699 D3331 TREATMENT OF ROOT CANAL OBSTRUCTION:NON-SURGICAL ACCESS \$149 D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS \$92 D3351 APEXIFICATION:RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE)-CALCIFIC REPAIR \$250 D3352 APEXIFICATION:RECALCIFICATION-INITIAL VISIT (INCLUDES COMPLETED ROOT CANAL TH \$333 D3410 APEXIFICATION:RECALCIFICATION-INITIAL VISIT (INCLUDES COMPLETED ROOT CANAL TH \$333 D3410 APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR \$223 D3430 RETROGRADE FILLING-PER ROOT \$74 D4210 GINGIVECTOMY/PERIRADICULAR SURGERY-ANTERIOR \$223 D3430 RETROGRADE FILLING-PER ROOT \$74 D4210 GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE \$134 D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH BY REPORT SAS BURGERY (INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH BY REPORT SAS BY REPORT SAS BURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU \$339 D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU \$339 D4342 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIGUOU \$143 D24342 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIGUOU \$143 D24342 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT \$30 D4342 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT \$30 D4342 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT \$30 D4342 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT \$30 D4342 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT \$30 D4342 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR M	D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL	\$149
D3240 PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FIN \$253  D3310 ANTERIOR (EXCLUDING FINAL RESTORATION) \$440  D3320 BICUSPID (EXCLUDING FINAL RESTORATION) \$565  D3330 MOLAR (EXCLUDING FINAL RESTORATION) \$699  D3331 TREATMENT OF ROOT CANAL OBSTRUCTION,NON-SURGICAL ACCESS \$149  D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS \$92  D3351 APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR \$250  D3352 APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEM ENT (APICAL CLOSU  D3353 APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL TH \$333  D3410 APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR  D4210 GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE \$312  D4211 GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE \$134  D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH  D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH  D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH  D4260 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU  D339  D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU  D330  D4311 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIGUOU  D330  D4312 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIGUOU  D330  D4314 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIGUOU  D330  D4314 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT  D4314 PERIODONTAL MAINTENANCE PROCEDURES  D4315 PERIODONTAL MAINTENANCE PROCEDURES  D4316 COMPLETE DENTURE - MAXILLARY  D5120 COMPLETE DENTURE - MAXILLARY  D522  D5121 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  D440 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET	D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$89
D3310 ANTERIOR (EXCLUDING FINAL RESTORATION)  \$440  D3320 BICUSPID (EXCLUDING FINAL RESTORATION)  \$565  D3330 MOLAR (EXCLUDING FINAL RESTORATION)  \$699  D3331 TREATMENT OF ROOT CANAL OBSTRUCTION,NON-SURGICAL ACCESS  \$149  D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS  \$92  D3351 APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR  \$250  D3352 APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSU  \$166  D3353 APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL TH  \$333  D3410 APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR  \$223  D3430 RETROGRADE FILLING-PER ROOT  \$74  D4210 GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIIGUOUS TEETH OR BOUNDED TE  \$1312  D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIIGUOUS TEETH  BY Report  D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIIGUOUS TEETH  D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIIGUOU  \$133  D4341 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIIGUOU  \$143  D4342 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIIGUOU  \$143  D4344 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIIGUOU  \$143  D4355 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS  \$155  D4910 PERIODONTAL MAINTENANCE PROCEDURES  D4910 PERIODONTAL MAINTENANCE PROCEDURES  \$127  D5110 COMPLETE DENTURE - MAXILLARY  \$922  D5211 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  \$490	D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINA	\$223
BICUSPID (EXCLUDING FINAL RESTORATION)  \$565  D3300 MOLAR (EXCLUDING FINAL RESTORATION)  \$699  D3331 TREATMENT OF ROOT CANAL OBSTRUCTION;NON-SURGICAL ACCESS  \$149  D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS  \$92  D3351 APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR  \$250  D3352 APEXIFICATION/RECALCIFICATION-INITIAL VISIT (INCLUDES COMPLETED ROOT CANAL TH  \$333  D3410 APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR  \$223  D3430 RETROGRADE FILLING-PER ROOT  \$74  D4210 GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE  \$134  D4240 GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE  \$134  D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH  BY Report  D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU  \$1330  D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU  \$143  D4341 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIGUOU  \$143  D4355 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS  \$155  D4910 PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT  \$392  D5211 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  \$490  D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  \$490	D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FIN	\$253
D3330       MOLAR (EXCLUDING FINAL RESTORATION)       \$699         D3331       TREATMENT OF ROOT CANAL OBSTRUCTION:NON-SURGICAL ACCESS       \$149         D3333       INTERNAL ROOT REPAIR OF PERFORATION DEFECTS       \$92         D3351       APEXIFICATION:RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR       \$250         D3352       APEXIFICATION:RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSU       \$166         D3353       APEXIFICATION:RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL TH       \$333         D3410       APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR       \$223         D3430       RETROGRADE FILLING-PER ROOT       \$74         D4210       GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE       \$312         D4211       GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE       \$134         D4240       GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH       By Report         D4241       GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH       By Report         D4260       OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU       \$339         D4261       OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU       \$143         D4342       PERIODONTAL SCALING AND ROOT PLANING - ONE	D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	\$440
D3331       TREATMENT OF ROOT CANAL OBSTRUCTION:NON-SURGICAL ACCESS       \$149         D3333       INTERNAL ROOT REPAIR OF PERFORATION DEFECTS       \$92         D3351       APEXIFICATION:RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR       \$250         D3352       APEXIFICATION:RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSU       \$166         D3353       APEXIFICATION:RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL TH       \$333         D3410       APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR       \$223         D3430       RETROGRADE FILLING-PER ROOT       \$74         D4210       GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE       \$312         D4211       GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE       \$134         D4240       GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH       By Report         D4241       GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH       By Report         D4260       OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU       \$339         D4261       OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU       \$143         D4342       PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT       \$30         D4342       PERIODON	D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	\$565
D3333 INTERNAL ROOT REPAIR OF PERFORATION DEFECTS  D3351 APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR  \$250  D3352 APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEM ENT (APICAL CLOSU  \$166  D3353 APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEM ENT (APICAL CLOSU  \$166  D3353 APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL TH  \$333  D3410 APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR  \$223  D3430 RETROGRADE FILLING-PER ROOT  \$74  D4210 GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE  \$134  D4241 GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE  \$134  D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH  BY Report  D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH  BY Report  D4260 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU  \$339  D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU  \$143  D4341 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT  \$30  D4365 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS  \$155  D4910 PERIODONTAL MAINTENANCE PROCEDURES  \$127  D5110 COMPLETE DENTURE - MAXILLARY  \$922  D5120 COMPLETE DENTURE - MAXILLARY  \$925  D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  \$490	D3330	MOLAR (EXCLUDING FINAL RESTORATION)	\$699
D3351 APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR \$250 D3352 APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEM ENT (APICAL CLOSU \$166 D3353 APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL TH \$333 D3410 APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR \$223 D3430 RETROGRADE FILLING-PER ROOT \$74 D4210 GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE \$312 D4211 GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE \$134 D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH BY REPORT D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH BY REPORT D4260 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU S339 D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU S143 D4341 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT S59 D4342 PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT S59 D4345 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS S155 D4910 PERIODONTAL MAINTENANCE PROCEDURES S127 D5110 COMPLETE DENTURE - MAXILLARY S922 D5120 COMPLETE DENTURE - MAXILLARY S922 D5121 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET S490 D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET	D3331	TREATMENT OF ROOT CANAL OBSTRUCTION;NON-SURGICAL ACCESS	\$149
D3352 APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEM ENT (APICAL CLOSU \$166 D3353 APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL TH \$333 D3410 APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR \$223 D3430 RETROGRADE FILLING-PER ROOT \$74 D4210 GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE \$312 D4211 GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE \$134 D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH BY Report D4260 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU S339 D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU S143 D4341 PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT S59 D4342 PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT S59 D4345 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS S155 D4910 PERIODONTAL MAINTENANCE PROCEDURES S127 D5110 COMPLETE DENTURE - MAXILLARY S922 D5120 COMPLETE DENTURE - MANDIBULAR S922 D5211 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET \$490 D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET	D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$92
D3353 APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL TH \$333  D3410 APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR \$223  D3430 RETROGRADE FILLING-PER ROOT \$74  D4210 GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE \$312  D4211 GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE \$134  D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH By Report GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH BY Report D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH BY Report D4260 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU \$339  D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU \$143  D4341 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT \$59  D4342 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT \$30  D4355 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS \$155  D4910 PERIODONTAL MAINTENANCE PROCEDURES \$127  D5110 COMPLETE DENTURE - MAXILLARY \$922  D5110 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET \$490  D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET \$490	D3351	APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR	\$250
D3410 APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR \$223  D3430 RETROGRADE FILLING-PER ROOT \$74  D4210 GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE \$312  D4211 GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE \$134  D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH By Report  D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH BY Report  D4260 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU  D4339  D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU  \$143  D4341 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT  \$59  D4342 PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT  \$30  D4355 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS  \$155  D4910 PERIODONTAL MAINTENANCE PROCEDURES  \$127  D5110 COMPLETE DENTURE - MAXILLARY  \$922  D5211 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  \$490  D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET	D3352	APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEM ENT (APICAL CLOSU	\$166
D3430 RETROGRADE FILLING-PER ROOT  D4210 GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE  \$312  D4211 GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE  \$134  D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH  BY Report  D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH  BY Report  D4260 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU  \$339  D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU  \$143  D4341 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT  \$59  D4342 PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT  \$30  D4355 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS  \$155  D4910 PERIODONTAL MAINTENANCE PROCEDURES  \$127  D5110 COMPLETE DENTURE - MAXILLARY  \$922  D5211 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  \$490  D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  \$490	D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL TH	\$333
D4210 GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE  D4211 GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE  \$134  D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH  By Report  D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH  By Report  D4260 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU  \$339  D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU  \$143  D4341 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT  \$59  D4342 PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT  \$30  D4355 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS  \$155  D4910 PERIODONTAL MAINTENANCE PROCEDURES  \$127  D5110 COMPLETE DENTURE - MAXILLARY  \$922  D5211 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  \$490  D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  \$490	D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	\$223
D4211 GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE  D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH  D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH  D4260 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU  D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU  \$143  D4341 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT  D4342 PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT  D4355 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS  D4910 PERIODONTAL MAINTENANCE PROCEDURES  D5110 COMPLETE DENTURE - MAXILLARY  D5120 COMPLETE DENTURE - MANDIBULAR  D5211 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  \$490  D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  \$490	D3430	RETROGRADE FILLING-PER ROOT	\$74
D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH D4260 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU \$339 D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU \$143 D4341 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT \$59 D4342 PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT \$30 D4355 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS \$155 D4910 PERIODONTAL MAINTENANCE PROCEDURES \$127 D5110 COMPLETE DENTURE - MAXILLARY \$922 D5120 COMPLETE DENTURE - MANDIBULAR \$922 D5211 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET \$490 D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET	D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TE	\$312
D4241 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH D4260 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU \$339 D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU \$143 D4341 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT \$59 D4342 PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT \$30 D4355 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS \$155 D4910 PERIODONTAL MAINTENANCE PROCEDURES \$127 D5110 COMPLETE DENTURE - MAXILLARY \$922 D5120 COMPLETE DENTURE - MANDIBULAR \$922 D5211 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET \$490 D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET \$490	D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TE	\$134
D4260 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU \$339  D4261 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU \$143  D4341 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT \$59  D4342 PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT \$30  D4355 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS \$155  D4910 PERIODONTAL MAINTENANCE PROCEDURES \$127  D5110 COMPLETE DENTURE - MAXILLARY \$922  D5211 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET \$490  D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET \$490	D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH	By Report
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D4341 PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT  D4342 PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT  D4355 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS  D4910 PERIODONTAL MAINTENANCE PROCEDURES  D5110 COMPLETE DENTURE - MAXILLARY  D5120 COMPLETE DENTURE - MANDIBULAR  D5212 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  \$490  D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  \$490	D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOU	\$339
D4342 PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT  D4355 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS  D4910 PERIODONTAL MAINTENANCE PROCEDURES  D5110 COMPLETE DENTURE - MAXILLARY  D5120 COMPLETE DENTURE - MANDIBULAR  D5211 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  \$490	D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOU	\$143
D4355 FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS  D4910 PERIODONTAL MAINTENANCE PROCEDURES  \$127  D5110 COMPLETE DENTURE - MAXILLARY  \$922  D5120 COMPLETE DENTURE - MANDIBULAR  \$922  D5211 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  \$490  D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET  \$490	D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$59
D4910PERIODONTAL MAINTENANCE PROCEDURES\$127D5110COMPLETE DENTURE - MAXILLARY\$922D5120COMPLETE DENTURE - MANDIBULAR\$922D5211UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET\$490D5212LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET\$490	D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	\$30
D5110 COMPLETE DENTURE - MAXILLARY \$922  D5120 COMPLETE DENTURE - MANDIBULAR \$922  D5211 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET \$490  D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET \$490	D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	\$155
D5120 COMPLETE DENTURE - MANDIBULAR \$922  D5211 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET \$490  D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET \$490	D4910	PERIODONTAL MAINTENANCE PROCEDURES	\$127
D5211 UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET \$490 D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET \$490	D5110	COMPLETE DENTURE - MAXILLARY	\$922
D5212 LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET \$490	D5120	COMPLETE DENTURE - MANDIBULAR	\$922
	D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET	\$490
D5213 MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES ( \$936	D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET	\$490
	D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (	\$936
D5214 MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES \$936	D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$936
D5410 ADJUST COMPLETE DENTURE - MAXILLARY \$42	D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$42
D5411 ADJUST COMPLETE DENTURE - MANDIBULAR \$42	D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$42
D5421 ADJUST PARTIAL DENTURE - MAXILLARY \$42	D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$42
D5422 ADJUST PARTIAL DENTURE - MANDIBULAR \$42	D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$42

Effective: January 2015

# FLORIDA DEPARTMENT OF HEALTH IN ST. LUCIE

### **Dental Service Fees**

Code	Description	CHD Fees
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$131
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	\$116
D5610	REPAIR RESIN DENTURE BASE	\$131
D5620	REPAIR CAST FRAMEWORK	\$140
D5630	REPAIR OR REPLACE BROKEN CLASP	\$166
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$116
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$125
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$155
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$187
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$187
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$187
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$187
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$336
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$336
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$336
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$336
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$327
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE	By Report
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	\$490
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	\$80
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL	\$80
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLA	\$119
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$184
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$229
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY	\$235
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATI	\$244
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$161
D7260	ORAL ANTRAL FISTULA CLOSURE	\$499
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$357
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLA	\$80
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$404
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$351
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	\$134
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR T	\$166
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA AND MANDIBLE)	\$360
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$140
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	\$199
D7880	OCCLUSAL ORTHOTIC APPLIANCE	By Report
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$250
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE	By Report
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$1,130
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$1,130
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$1,130
D8210	REMOVABLE APPLIANCE THERAPY	\$321
D8220	FIXED APPLIANCE THERAPY	\$996

Effective: January 2015

### FLORIDA DEPARTMENT OF HEALTH IN ST. LUCIE

#### **Dental Service Fees**

Code	Description	CHD Fees
D8660	PRE-ORTHODONTIC VISIT	\$193
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$155
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	\$187
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE	By Report
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	\$39
D9220	DEEP SEDATION/GENERAL ANESTHESIA-FIRST 30 MINUTES	\$169
D9221	DEEP SEDATION/GENERAL ANESTHESIA-EACH ADDITIONAL 15 MINUTES	\$68
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	\$83
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - FIRST 30 MINUTES	\$149
D9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES	\$59
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$119
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER TH	\$54
D9420	HOSPITAL CALL	\$166
D9920	BEHAVIOR MANAGEMENT	\$71
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE	By Report

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